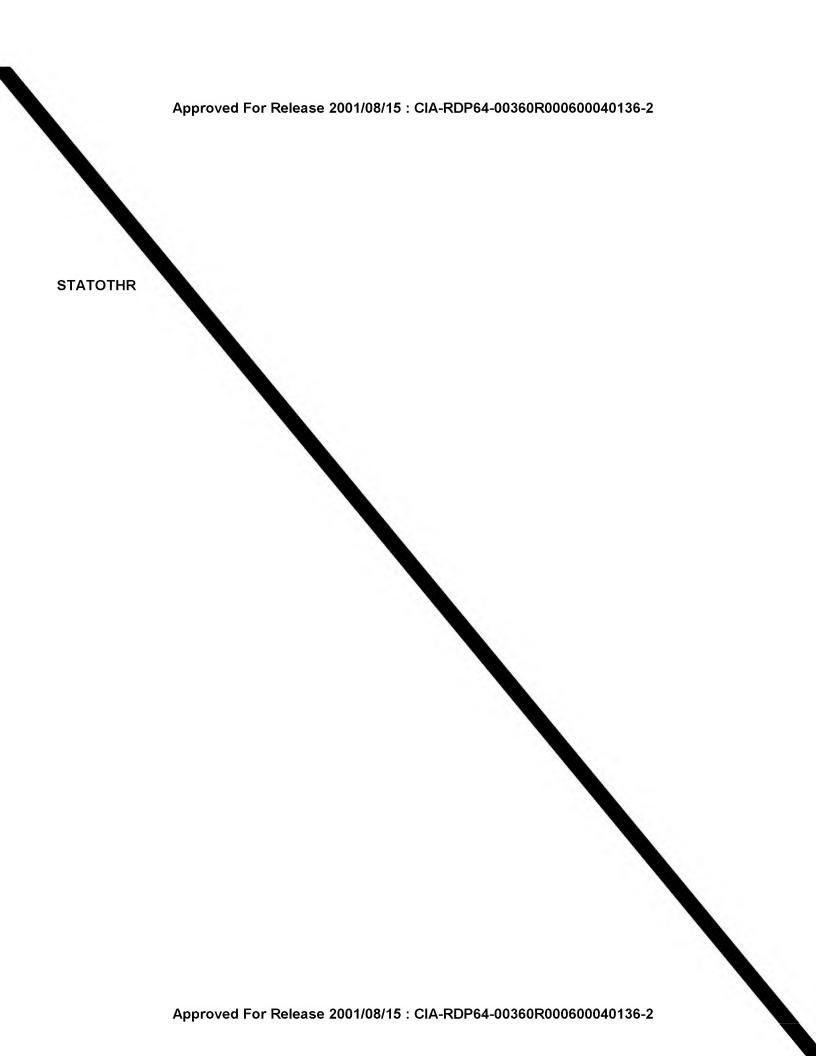
Voucher prepared at	THE UNITED STATES, Dr.,  Payer's Account No.  (Give place and date)  To	U. S. <u>COS</u>	T REIMBURSA		eau, or establishment)				P/	AID BY
To	To	Voucher pre	pared at							
Copy	Copy	THE HAITEN	מינייים ה	<b>D</b>	(Give place and date)				9 0	A #
Copy	Copy	INE ONITED	SIAIES, Dr.,	Payee	s Account No				huch	**
Copy	Copy	То	~						かり	-063
No. and Date of Order or Service      Date of Delivery or Service	No. and Date of Order or Service			(Pa	yce)				COPY	i OF
PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No.  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date   Req. No.   Date   Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$	PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No.  I certify that the above bill is cerrect and just and that payment has not been received.  (Sign original only)  Date   1-20   Signature or initials   Signature   Signa		(Ad		(City)	(Stat				
PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total  I certify that the above bill is cerrect and just and that payment has not been received.  (Sign original only)  Date   1-20-50   Amount verified; correct for   Signature or initials)  Per	PAYMENT:  Complete   Partial	No. and Date of Order		AR7 (Enter description, ite schedule, and of	FICLES OR SERVICES om number of contract her information deam	or Federal supp	OUANTITY	UNIT	PRICE	1
PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$  I certify that the above bill is certect and just and that payment has not been received.  (Sign original only)  Date   1-20-50   Contract No.   Total   Sign original only)  Per	PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$  I certify that the above bill is certect and just and that payment has not been received.  (Sign original only)  Date   1-20-50   Fer   Title   (Signature or initials)   See    Contract No.   For   Date   Req. No.   Date   Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$   (Authorized Certifying Officer)  By   ORIGINAL   Title   Date   Date		-			————		Cost	Per	D
PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date   1-20-50   Per   Title   (Signature or initials) \$\instrumeter{\sigma} \infty \)  Contract No.   Date   Req. No.   Date   Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$   (Authorized Certifying Officer)  By   ORIGINAL   Title   Date   Date    THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN ACREEMENT IN ANY FORM	PAYMENT:  Complete Partial Date Shipped from to Weight Government B/L No.  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date 1-20-50  Per Title (Signature or initials)  Contract No. Part Date Req.No.  Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  SIGN ORIGINAL ONLY  Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM									
Complete   Partial   Parti	Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total   \$.  I certify that the above bill is cerrect and just and that payment has not been received.  (Sign original only)  Date   1-20   Officences   Officences			Costs						\$2
Complete	Complete	,								
Complete	Complete									
Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$C   I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date 1-20-50  Per	Partial	PAYMENT:								
Shipped from to Weight Government B/L No.  I certify that the above bill is cerrect and just and that payment has not been received.  (Sign original only)  Date 1-20  Per	Shipped from to Weight Government B/L No.  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date 1-20  Contract No. 7-701 Date Req. No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  ORIGINAL ONLY  Title Date  ORIGINAL ONLY  Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Complete								
Shipped from to Weight Government B/L No. Total  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date 1-20 50  Per	Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date 1-20 50  Per									
I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date 1-20  Per	I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date 1-20  Per					ssary				
Date	Date					<del></del>		r		\$2
Date 1-20 50  Per	Date 1-20 50  Per	I certify that the	above bill is correct	t and just and that paymen	t has not been received					
Per	Per			(Sign original only)		b				
Per	Per Title (Signature or initials) Secontract No. Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$ (Authorized Certifying Officer)  By ORIGINAL ONLY  Title Date (Authorized Secured Without Written agreement in any form	_ 1_20-	50							
Per	Per	Date		equired when a like cer	tificate is made by payes on attach	ed bill or bills)				12
Contract No. 4-101 Date Req. No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$	Contract No.	Per		Title				_		
Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$	Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$	Contract No.	4-101							d
# Approved for \$	## Approved for \$	Pursuant to author	rity vested in me. I	certify that this account is	correct and proper for	naument				
By	By SIGN ORIGINAL ONLY Title  Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM				correct and proper for					
Title ORIGINAL ONLY Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Title ORIGINAL ONLY Title  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Improved for \$1			SIGN	T	(Authorize	d Certifyi	ng Officer)	
Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Ву			ORIGINAL	Title				
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Title			- · · · · · ·		•			
		11115			W BURGUIGEG ING MIND OF					
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)									
			ACCOUN	TING CLASSIFICATION	Appropriation Symbol	must be shown	; other classificati	on option	al)	
					**!s *					
					e ș •					
				为·11例 为ZMHC	~ <del>-</del> .					
		(Charle )				\$		Jon Treas	surer of the U	nited S
Zin 11 Lin in Zin yr   Check No.	Check No dated, 19 for \$ [on Treasurer of the United ]	Data Las Check I								



-	<u> </u>	↑ Apr	proved	For Re	lease 2	001/08/	5 : CIA	_ -RDP64	-00360	<b>-</b> R00060	004013	6-2		
												54	No.	7
												12	N <sub>o</sub>	BATCH
												23	Day	유
												ω '	ĭ,	
·	1.											25	NUMBER	INVOICE
	*									-			ORDER	PURCHASE
	-									-		10170	NUMBER	CHECK
												22	Mo.	PAYMENT DATE
												48	Day	ENT
											·	2248	Number	Vendor
													AMOUNT	GROSS
1													<i>7.5000</i>	DISCOUNT
													To	
								<del></del>				<u>0</u>		ost ment R.
												55	CC	DE
												25	Mαj.	COST
												60	Int. S	COST CENTER
												00	Sub.	bd
												12501	Account	- ^
												3093	M.J.o.	CHARGE DISTRIBUTION
												5 4	s.o.	ISTRIB
							*						Work Order	UTION
		Арр	proved	For Re	lease 20	001/08/	15 : CIA	-RDP64	-00360	R00060	8945 00404*	8945 <b>6-2</b>		NET AMOUNT

ACCOUNTS PAYABLE WEEKLY DISTR

THE RAMO-WOOLDRIDGE CORPORATION

DATE

Tage 1:

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040136-2 THE RAMO-WOOLDRIDGE CORPORATION Mo. Day Yr. 12 BATCH INVOICE NUMBER PURCHASE ORDER 10170 CHECK NUMBER Mo. Day PAYMENT DATE 2248 Vendor Number AMOUNT GROSS **ACCOUNTS PAYABLE** DISCOUNT Tax Class Cost Element TR. 25 Mαj. COST CENTER 00 Int. WEEKLY DISTR 00 12501 Sub. Account 3093 CHARGE DISTRIBUTION M.J.o. 65 s.o. DATE Work Order NET AMOUNT Approved For Release 2001/08/15 : CIA-RDP64 00360R000600040136-399 **-2**